

NAME Union Oil Company of California
 ADDRESS Attn: John Zager
 P.O. Box 196247
 Anchorage, AK 99519-6247
 FACILITY Trading Bay Production Facility
 LOCATION Cook Inlet, Alaska

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
 DISCHARGE MONITORING REPORT (DMR)

AKG-31-5002
 PERMIT NUMBER

MONITORING PERIOD
 YEAR MO DAY
 08 04 01

DISCHARGE NUMBER
 015

YEAR MO DAY
 08 04 30

NOTE: Read instructions before completing this form.

PARAMETER (32-37)		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS (64-68)	SAMPLE TYPE (69-70)
		AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (38-45)	AVERAGE (46-53)	MAXIMUM (54-61)	UNITS (38-45)			
015 Produced Water Flow Rate *	SAMPLE MEASUREMENT PERMIT REQUIREMENT	3.515844 Report	3.973578 Report	MGD					Weekly	Estimate
015 Produced Water	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
015 Produced Water	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
015 pH**	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
015 Flow Rate >1 mgd	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
015 Produced Water Oil and Grease**	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
015 Produced Water Copper	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
015 Produced Water Manganese	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
015 Produced Water Mercury	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
015 Silver	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
015 Zinc	SAMPLE MEASUREMENT PERMIT REQUIREMENT									
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER										
John Zager General Manager Mid Continent/Alaska Business Unit										
TYPED OR PRINTED										
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)										

See Trading Bay Production Facility Page 3 of 3 for comments.

PERMITTEE NAME/ADDRESS (Include Facility Name/location if Different)

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AKG-31-5002
 PERMIT NUMBER
 MONITORING PERIOD
 YEAR 08 MO 04 DAY 01 TO YEAR 08 MO 04 DAY 30
 DISCHARGE NUMBER
 015
 DATE 08/04/08

OMB No. 2040-0004

NOTE: Read instructions before completing this form.

PARAMETER (32-37)	SAMPLE MEASUREMENT PERMIT REQUIREMENT	QUANTITY OR LOADING (3 Card Only) (46-53)			MINIMUM (38-45)			AVERAGE (46-53)			MAXIMUM (54-61)			UNITS	QUALITY OR CONCENTRATION (1 Card Only) (38-45)			AVERAGE (46-53)			MAXIMUM (54-61)			UNITS	NO. EX (62-63)	FREQUENCY OF ANALYSIS (64-69)	SAMPLE TYPE (69-70)
		AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	UNITS	AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	UNITS		MINIMUM	MAXIMUM	UNITS	AVERAGE	MAXIMUM	UNITS	MINIMUM	MAXIMUM	UNITS				
015 Produced Water	MEASUREMENT							10		mg/L																Monthly	Grab
TAH	PERMIT							18		mg/L																Monthly	Grab
015 Produced Water	SAMPLE							10		mg/L																Monthly	Grab
TAQH	PERMIT							Report		mg/L								Report		mg/L						Monthly	Grab
015 Produced Water	SAMPLE							6.42		mg/L								6.42		mg/L						Quarterly	Grab
Total Ammonia	PERMIT							Report		mg/L								Report		mg/L						Quarterly	Grab
015 Produced Water	SAMPLE							No Sample		TUC								No Sample		TUC						Quarterly	Grab
Whole Effluent Toxicity	PERMIT							283		TUC								568		TUC						Quarterly	Grab
Mytilus sp. *	REQUIREMENT																										
015 Produced Water	SAMPLE							No Sample		TUC								No Sample		TUC						Annually	Grab
Whole Effluent Toxicity	PERMIT							283		TUC								283		TUC						Annually	Grab
Dendroica eximius	REQUIREMENT																										
015 Produced Water	SAMPLE							No Sample		TUC								No Sample		TUC						Annually	Grab
Whole Effluent Toxicity	PERMIT							283		TUC								283		TUC						Annually	Grab
Mendocino beryllina	REQUIREMENT																										
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																									
John Zager General Manager Mid Continent/Alaska Business Unit																											
TYPED OR PRINTED																											
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)																											

Date A. Haines
 SIGNATURE OF
 PRINCIPAL EXECUTIVE OFFICER
 OR AUTHORIZED AGENT

TELEPHONE (907) 276-7600
 AREA CODE NUMBER YEAR MO DA
 08 05 20

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(2-16)		(17-19)	
AKG-31-5002		DISCHARGE NUMBER	
PERMIT NUMBER		015	
MONITORING PERIOD			
YEAR	MO	DAY	TO
08	04	01	
(20-21)		(22-23) (24-25)	
YEAR	MO	DAY	TO
08	04	30	
(26-27)		(28-29) (30-31)	

NOTE: Read instructions before completing this form.

COMMENTS PAGE 3 OF 3

- * Flow rates include deck drainage from Dolly Varden, Grayling, King Salmon, Monopod, and Steelhead Platforms. Estimated well treatment fluid flow rate: 0.026581 MGD
- ** Frequency of pH measurement has been increased to more closely monitor water quality.
- *** Per Permit instructions weekly samples consist of an average of 4 grab samples over a 24 hour period.

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	NUMBER	YEAR	MO	DA
John Zager General Manager Mid Continent/Alaska Business Unit			Date A. Haines		(907)	276-7600	08	05	20
TYPED OR PRINTED									
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									

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OMB No. 2040-0004

(2-16)
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PERMIT NUMBER

(17-19)
015
DISCHARGE NUMBER

REVISED
8/20/2008

MONITORING PERIOD
YEAR 08 MO 04 DAY 01
(20-21) (22-23) (24-25)

YEAR 08 MO 04 DAY 30
(26-27) (28-29) (30-31)

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COMMENTS PAGE 3 OF 3

8/20/08 Revision: Well treatment and workover fluid flow rates were corrected:
Well treatment fluid flow rate was incorrectly reported.
Workover fluid flow rate was not reported.
* Flow rates include deck drainage from Dolly Varden, Grayling, King Salmon, Monopod, and Steelhead Platforms.
Estimated well treatment fluid flow rate: 0.012141 MGD.
Estimated workover fluid flow rate: 0.036207 MGD.
** Frequency of pH measurement has been increased to more closely monitor water quality.
*** Per Permit instructions weekly samples consist of an average of 4 grab samples over a 24 hour period.

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John Zager General Manager Mid Continent/Alaska Business Unit			09/1		(907) 276-7600		08 08 20	
TYPED OR PRINTED	PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE		NUMBER		YEAR MO DA	

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(2-19) (22-23) (24-29) (28-27) (28-29) (30-31)

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COMMENTS PAGE 3 OF 3

- * Flow rates include deck drainage from Dolly Varden, Grayling, King Salmon, Monopod, and Steelhead Platforms. Estimated well treatment fluid flow rate: 0.026581 MGD
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COPY

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John Zager General Manager Mid Continent/Alaska Business Unit			2011		(907)	276-7600	08	05	20
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)									